Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions	Į.	A Public Document
1. Agency Name	Date Stamp	California 802
County of Los Angeles		Form OUZ
Division Department or Pagion (if applicable)	I	For Official Use Only

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	County of Los Angeles			For Official Use Only		
	Division, Department, or Reg	ion (if applicable)				1 of Official osc Offiy
	Board of Supervisors		Chicago and			
	Designated Agency Contact	(Name, Litle)				
	Nancy Herrera Area Code/Phone Number	E-mail			Amendment (Must Provide	e Explanation in Part 3.)
			w .		Date of Original Filing:	
	(213) 974-4444	nherrera@bos.lac	county.gov		bate of original rining.	nonth, day, year)
2.	Function or Event Infor	mation		-6	4.5	
	Does the agency have a tic	ket policy? Yes	□ No 🗵	Face Value of	Each Ticket/Pass \$ 45	
	Event Description: Dodgers	s Game Tickets		Date(s)04	, 03 , 17	1 1
	Evolit Booonption:	Provide Title/ Exp	lanation			
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No 🗵	If no: Los Ang	Name of Source	
	Was ticket distribution made	at the behest Voc	ПМоП	If ves:		
	of agency official?	e at the beliest 168		,	Official's Name (Last, First)	
	or agonoy omolar.			1700		
3.	Recipients					
	• Use Section A to identify the ager	cy's department or unit.	Use Section B to	identify an individ	ual. • Use Section C to identify ar	outside organization.
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy			
	Board of Supervisors		2	Ticket Policy	Sec 5.3(k)	
	B. Name of Ind (Last, Fir		Number of Ticket(s)/ Passes	Cerem	Identify one of the follow	ring:
					king "Ceremonial Role" or "Other" describe	
					nonial Role Other Other describe a	Income Income
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pursuan	t to the agency's policy
_						
4.	Verification					
í	I have read and understand FF	PPC Regulations 1894	4.1 and 18942	. I have verified	that the distribution set forth a	above, is in accordance
`	with the requirements.					
	Junes Il		ncy Herrera		Ticket Administrator	05/12/17
	Signature of Agency Head or Design	nee	Print Name		Title	(month, day, year)
	Comment:		2320, 87 (7)			

Comment: _

	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distri	ibutions	AI	Public Document	
	Agency Name	Appropriate the second of the	Date Stamp	California Q02			
	County of Los Angeles				101111		
	Division, Department, or Reg	ion (if applicable)				For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Nancy Herrera				Amendment (Must Pro	ovide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail					
	(213) 974-4444	nherrera@bos.laco	unty.gov		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation			45		
	Does the agency have a tick	ket policy? Yes [□ No 🛛 F	ace Value of	Each Ticket/Pass \$ 45		
	Event Description: Dodgers	S Game Tickets Provide Title/ Explai	[Date(s)04	, 05 , 17		
	Ticket(s)/Pass(es) provided	10 NOT OC 100 W	eles Dodgers				
	Ticket(3)/1 ass(es) provided	by agency: Test	1110	Name of Source			
	Was ticket distribution made of agency official?	e at the behest Yes [Official's Name (Last, First)				
3.	Recipients • Use Section A to identify the agen	cy's department or unit.	Use Section B to i	identify an individ	lual. • Use Section C to identif	fy an outside organization.	
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy		
	Board of Supervisors	2	Ticket Policy	ket Policy Sec 5.3(k)			
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:	
	(200),		r 455E5		nonial Role Other Charles or "Other description of the description of	Income Income	
				(R) (C) (C)	nonial Role Other of "Other" descriptions of the control of the co	Income	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy	
<u> </u>	Verification I have read and understand FP	PPC Regulations 19044	1 and 18042	I have verified	that the distribution set for	th ahove is in accordance	
^	with the requirements.	_		i navo vermeu (a. abovo, is in accordance	
y 1	SO A A . A . A . A . A . A . A . A . A .	N. I CONTROL	y Herrera		Ticket Administrator	05/12/17	

1.	Agency Name	enternal (2006) salvanda. Suuran (2006) salvanda	THE PERSON NAMED IN THE PE		Date Stamp	California OOO
	County of Los Angeles					Form OUZ
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name,Title)			1	
	Nancy Herrera				Amondment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Amendment (wast)	riovide Explanation in Part 3.)
	(213) 974-4444	nherrera@bos.	lacounty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation	7-101 TV - 7			
	Does the agency have a ticl	ket policy?	′es □ No ⊠	Face Value of	Each Ticket/Pass \$ $\frac{4}{}$	5
	Event Description: Dodgers			Date(s)04		7 2
	Event Description:	Provide Title/ I	Explanation	Date(s)		
	Ticket(s)/Pass(es) provided	by agency?	es □ No ☒	If no: Los Ang	eles Dodgers	
					Name of Source	
	Was ticket distribution made	e at the behest Y	es □ No □	If yes:	Official's Name (Last, First)	
	of agency official?					
3.	Recipients • Use Section A to identify the agen	cv's department or un	it. • Use Section B t	to identify an individ	ual. • Use Section C to iden	atify an outside organization.
	A. Name of Agency, Depart		Number of Ticket(s) Passes			rsuant to the agency's policy
	Board of Supervisors		2	Ticket Policy	/ Sec 5.3(k)	
	B. Name of Indi (Last, Fir		Number of Ticket(s). Passes		Identify one of the	
					king "Ceremonial Role" or "Other" de	
					nonial Role Other C king "Ceremonial Role" or "Other" de	
	C. Name of Outside O (include address and		Number of Ticket(s) Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
4.	Verification					
	I have read and understand FF with the requirements	PC Regulations 18	3944.1 and 18942	2. I have verified t	that the distribution set t	forth above, is in accordance
	Moran Alen	en 1	lancy Herrera		Ticket Administrator	05/12/17
	Signature of Agency Head or Design		Print Name		Title	(month, day, year)
	Comment:			1000		

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1.	Agency Name				Date Stamp	California 802		
	County of Los Angeles							
	Division, Department, or Reg	ion (if applicable)			¥.	For Official Use Only		
	Board of Supervisors							
	Designated Agency Contact	(Name, Title)						
	Nancy Herrera				Amendment (Must Pro	Form OUZ For Official Use Only (Must Provide Explanation in Part 3.) Filling:		
	Area Code/Phone Number	E-mail	•			,		
	(213) 974-4444	nherrera@bos.	lacounty.gov		Date of Original Filing:	(month, day, year)		
2.	Function or Event Infor	mation		The second secon				
	Does the agency have a tick	ket policy? Υ	′es □ No 図 F	ace Value of	Each Ticket/Pass \$ 45			
	Event Description: Dodgers	Game Tickets		ate(s)04	, 14 , 17			
		Provide Title/E	Explanation					
	Ticket(s)/Pass(es) provided	by agency? Y	′es 🗌 No 🛭 If	no: Los Ang	eles Dodgers Name of Source			
	Was ticket distribution made	at the behest v	/es□ No□ If	yes:				
	of agency official?		es L No L	•	Official's Name (Last, First)			
3.	Recipients							
	• Use Section A to identify the agen	cy's department or un	it. • Use Section B to i	dentify an individ	ual. • Use Section C to identif	y an outside organization.		
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pursuant to the agency's policy			
	Board of Supervisors		2	Ticket Policy	Sec 5.3(k)			
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the fol	lowing:		
					onial Role Other Other description of "Ceremonial Role" or "Other" descriptions			
		2			nonial Role Other Other descripting "Ceremonial Role" or "Other" descri	Income Income		
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe th	e public purpose made pursu	ant to the agency's policy		
4.	Verification							
	I have read and understand FP	PC Regulations 18	3944.1 and 18942.	I have verified t	hat the distribution set for	th above, is in accordance		
	with the requirements.							
	1 min the		lancy Herrera		Ticket Administrator	05/12/17		
	Signature of Agency Head or Design	ee	Print Name		Title	(month, day, year)		
	Comment:							

1.	Agency Name		-			Date Stamp	California 000		
3015A	County of Los Angeles					5.0000 MARKET - 18	Form 802		
	Division, Department, or Reg	ion (if applicable)					For Official Use Only		
	Board of Supervisors								
	Designated Agency Contact	(Name, Title)			tr-stulieth.				
	Nancy Herrera					Amendment (Must Pro	vide Explanation in Part 2)		
	Area Code/Phone Number	E-mail				Amendment (Musi Fro	vide Explanation in Fart 3.)		
	(213) 974-4444	nherrera@bo	s.lacou	nty.gov		Date of Original Filing:	(month, day, year)		
2.	Function or Event Infor	mation							
	Does the agency have a tick	ket policy?	Yes 🗆	No 🗵	Face Value of I	Each Ticket/Pass \$ 45			
	Event Description: Dodgers	s Game Tickets	3		Date(s)04				
		Provide liti	e/ Explana		If no: Los Ang	eles Dodners			
	Ticket(s)/Pass(es) provided	by agency?	Yes ∐	No ⊠	If no: Loo / Ing	Name of Source			
	Was ticket distribution made	at the behest	Yes□	№П	If yes:	Official's Name (Last, First)			
	of agency official?					Official's Name (Last, First)			
3.	Recipients • Use Section A to identify the agen	cy's department or	unit. • Us	se Section B to	identify an individ	ual. • Use Section C to identif	y an outside organization.		
	A. Name of Agency, Depa	artment or Unit		Number of Ticket(s)/ Passes	Describe th	e public purpose made pursu	uant to the agency's policy		
	Board of Supervisors			2	Ticket Policy	Sec 5.3(k)			
	B. Name of Indi (Last, Fire			Number of Ticket(s)/ Passes		Identify one of the fol	lowing:		
					1	onial Role Other Other Other Other Other Other Other Other Description	Income In		
						onial Role Other Other on "Other" description of "Other" descriptions of the control of the cont	Income Income ibe below:		
	C. Name of Outside O (include address and			Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy		
١.	Verification								
-	I have read and understand FP with the requirements 1	PC Regulations	18944.1	and 18942.	I have verified t	hat the distribution set for	th above, is in accordance		
	non Him	em		Herrera		Ticket Administrator	05/12/17		
	Signature of Agency Head or Design Comment:	ee	Prin	t Name		Title	(month, day, year)		

Comment:

	gency Report of: eremonial Role Even	ts and Ticket/F	Pass Distri	butions	AF	Public Document		
1.	Agency Name				Date Stamp	California 802		
	County of Los Angeles					Form OUZ		
	Division, Department, or Reg	ion (if applicable)		For Official Use Only				
	Board of Supervisors							
	Designated Agency Contact	(Name, Title)						
	Nancy Herrera				Amendment (44 v/B)	ide Fraderick Ped (1)		
	Area Code/Phone Number	E-mail	400100000000000000000000000000000000000		Amendment (Must Pro	vide Explanation in Part 3.)		
	(213) 974-4444	nherrera@bos.lace	ounty.gov		Date of Original Filing:	(month, day, year)		
2.	Function or Event Infor	Function or Event Information						
	Does the agency have a tick	ket policy? Yes	Each Ticket/Pass \$ 45					
	Event Description: Dodgers	s Game Tickets Provide Title/ Expla		oate(s)04	<u>, 16 , 17 </u>			
	Ticket(s)/Pass(es) provided		eles Dodgers					
	Mae ticket distribution made	at the heheet		ves:				
	Was ticket distribution made at the behest Yes No No Official's Name (Last, First) of agency official?							
3.	Recipients • Use Section A to identify the agen	cy's department or unit.	lual. • Use Section C to identify	y an outside organization.				
	A. Name of Agency, Department	Number of Ticket(s)/ Passes	Describe th	the public purpose made pursuant to the agency's policy				
	Board of Supervisors		2	Ticket Policy	/ Sec 5.3(k)			
	B. Name of Indi	Number of Ticket(s)/		Identify one of the foll	lowing:			
	(200, 11)	5.0	Passes		nonial Role Other king "Ceremonial Role" or "Other" descr	Income Income		
		***************************************			nonial Role Other king "Ceremonial Role" or "Other" descri	Income Income		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	e public purpose made pursu	ant to the agency's policy		
4.	Verification							
-	I have read and understand FP	PC Regulations 1894	1.1 and 18942. I	I have verified t	that the distribution set fort	h above, is in accordance		
-	with the requirements.	l∕∽ Nan	cy Herrera		Ticket Administrator	05/12/17		
	Signature of Agency Head or Design		Print Name		Title	(month, day, year)		

1.	Agency Name				Date Stamp	California 802	
	County of Los Angeles						
	Division, Department, or Reg	ion (if applicable)				For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Nancy Herrera				Form For Official Use Only Amendment (Must Provide Explanation in Part 3.) Date of Original Filing:		
	Area Code/Phone Number	E-mail					
	(213) 974-4444	nherrera@bos.la	acounty.gov		Date of Original Filing: _	(month, day, year)	
2.	Function or Event Infor	mation	1 100				
	Does the agency have a tick	ket policy? Ye	es □ No 図 F	ace Value of	Each Ticket/Pass \$ 45		
	Event Description: Dodgers	s Game Tickets					
	Event Becomption.	Provide Title/ Ex	planation				
	Ticket(s)/Pass(es) provided	by agency? Ye	es □ No 図 Ⅱ	f no: Los Ang	eles Dodgers		
	Mar tisted distribution manda	. at the dealers to	- · · - I	fvee			
	Was ticket distribution made	e at the benest Ye	es∐ No∐ "	yes	Official's Name (Last, First)		
	of agency official?						
3.	Recipients						
		cy's department or unit	. • Use Section B to	identify an individ	ual. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Depart	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy	
	Board of Supervisors	18. 8008 (1910	2	Ticket Policy	/ Sec 5.3(k)		
			Number				
	B. Name of Indi (Last, Fir		of Ticket(s)/ Passes		Identify one of the fo	llowing:	
						Income Cribe below:	
						Income Income	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy	
4.	Verification						
	I have read and understand FF with the requirements.	PPC Regulations 189	944.1 and 18942.	I have verified t	that the distribution set fo	rth above, is in accordance	
	Monager Har	Men Na	ancy Herrera		Ticket Administrator	05/12/17	
	Signature of Agency Head or Design		Print Name		Title	(month, day, year)	
	Comment:						

Agency Report of:

Ceremonial	Role	Events	and Ti	cket/Pass	Distributions	

1. Agency Name			Date Stamp	California 000		
County of Los Angeles			Form 8UZ			
Division, Department, or Region (if applicable)		- 12		For Official Use Only		
Board of Supervisors						
Designated Agency Contact (Name, Title)						
Nancy Herrera						
Area Code/Phone Number E-mail			Amendment (Must Pro	vide Explanation in Part 3.)		
(213) 974-4444 nherrera@bo	s.lacounty.gov		Date of Original Filing:	(month, day, year)		
2. Function or Event Information	, ,			(month, day, year)		
			5 45			
Does the agency have a ticket policy?			Each Ticket/Pass \$ 45			
Event Description: Dodgers Game Tickets		oate(s) <u>04</u>	<u>18 , 17 </u>			
Provide Title	e/ Explanation	no: Los Ange	eles Dodaers			
Ticket(s)/Pass(es) provided by agency?	Yes ☐ No ☑ If	110	Name of Source			
Was ticket distribution made at the behest	Yes□ No□ If	yes:	Official's Name (Last, First)			
of agency official?			Official's Name (Last, First)			
			**************************************	**		
3. Recipients			l a IV.a Castian Chaidantif			
• Use Section A to identify the agency's department or t	Number	T an individ	uai. • Ose Section C to identif	y an outside organization.		
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy		
Board of Supervisors	2	Ticket Policy	Sec 5.3(k)			
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the fol	lowing:		
		1	onial Role Other Other ing "Ceremonial Role" or "Other" descri	Income Income		
			onial Role Other I	Income Income		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy		
l. Verification	400444 140040	l b =	hat the distribution of the	th about in in account		
I have read and understand FPPC Regulations with the requirements.	18944.1 and 18942.	i nave verified t	nat the distribution set for	tn above, is in accordance		
Mar the requirements.	Ministra II		Tieles Adelesiais	05/40/47		
/Signature of Abgrey Mood or Designed	Nancy Herrera		Ticket Administrator	05/12/17 (month, day, year)		
/Signature of Agency Head or Designee	FIIIL IVAITIE		Huc	(month, day, year)		
Comment:		V. 202				

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions **A Public Document** 1. Agency Name California Date Stamp County of Los Angeles

	County of Los Angeles		7.55			ALCOHOLD STREET, STREE		
	Division, Department, or Regi	on (if applicable)				For Official Use Only		
	Board of Supervisors							
	Designated Agency Contact (Name, Title)						
	Nancy Herrera				-			
	Area Code/Phone Number	E-mail		ativas.	Angeles Dodgers Name of Source Official's Name (Last, First) dividual. • Use Section C to identify an outside organization. be the public purpose made pursuant to the agency's policy			
100	(213) 974-4444	nherrera@bos.lac	ounty.gov		Date of Original Filing: _	(month, day, year)		
2.	Function or Event Inform	mation			45			
	Does the agency have a tick	et policy? Yes	□ No 図 F	ace Value of	Each Ticket/Pass \$ 45			
	Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes □ No ☒ If no: Los Angeles Dodgers							
	Was ticket distribution made of agency official?	at the behest Yes	□ No□ I	f yes:	Official's Name (Last, First)			
3.	Recipients • Use Section A to identify the agent	cy's department or unit.	• Use Section B to	identify an individ	lual. • Use Section C to identif	y an outside organization.		
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy					
	Board of Supervisors	2						
	B. Name of India (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:		
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy		
	Verification I have read and understand FPI with the requirements	PC Regulations 1894	4.1 and 18942.	l have verified t	that the distribution set for	th above, is in accordance		
	n 10 .00	Non			T'-1-4 A-1-1-1-4-4	054047		
		/ Nan	cy Herrera		Ticket Administrator	05/12/17		

Comment: _

Min Horin	Nancy Herrera	Ticket Administrator	05/12/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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4	A manay Name		an account	- Bessell to the		Data Ctama	Colifornia		
١.	Agency Name					Date Stamp	California 802		
	County of Los Angeles Division, Department, or Reg	ion (if annliaghla)		For Official Use Only					
		ЮП (п аррпсаые)		161 CS 38422 STEATH MATERIAL SHALLES - BUTCHES					
	Board of Supervisors								
	Designated Agency Contact	(Name, Title)							
	Nancy Herrera					Amendment (Must Provide Explanation in Part 3.)			
	Area Code/Phone Number	E-mail							
	(213) 974-4444	nherrera@bos.lacounty.gov				Date of Original Filing:(month, day, year)			
2.	Function or Event Infor								
	Does the agency have a tick	ket policy?	Each Ticket/Pass \$ 45	j					
	Event Description: Dodgers	Game Ticket	, 29 , 17	9 91					
	Event Description:	Provide Tit							
	Ticket(s)/Pass(es) provided		eles Dodgers						
		, , ,		No ⊠		Name of Source			
	Was ticket distribution made	at the behest	Yes 🗌	No □	If yes:	Official's Name (Last, First)	1911		
	of agency official?					Omeiars warne (East, 1 hat)			
3.	Recipients • Use Section A to identify the agen	cy's department or	ual. • Use Section C to ident	ify an outside organization.					
	A. Name of Agency, Department or Unit			Number of Ticket(s)/ Passes	Describe the	Describe the public purpose made pursuant to the agency's policy			
	B. Name of Individual (Last, First)			2	Ticket Policy Sec 5.3(k)				
				Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:		
						onial Role Other cing "Ceremonial Role" or "Other" des	10.5(8)(8)(1.7(9))(1.7(9))		
						onial Role Other cing "Ceremonial Role" or "Other" des	A CONTRACTOR OF THE CONTRACTOR		
	C. Name of Outside O			Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	suant to the agency's policy		
 1.	Verification								
	I have read and understand FP with the requirements.	PC Regulations	18944.1	and 18942.	I have verified t	hat the distribution set fo	rth above, is in accordance		
	Mancy Herrera					Ticket Administrator	05/12/17		
	Signature of Agency Head or Design Comment:	ee		: Name		Title	(month, day, year)		

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions **A Public Document** California OOO

						Form 8UZ	
	County of Los Angeles	ion (if applicable)		Form OUZ For Official Use Only			
	Division, Department, or Reg Board of Supervisors	іон (іт арріісавіе)					
	Designated Agency Contact ((Name.Title)					
	Nancy Herrera						
	Area Code/Phone Number	E-mail			Amendment (Must Pro	ovide Explanation in Part 3.)	
	(213) 974-4444 nherrera@bos.lacounty.gov				Date of Original Filing:(month, day, year)		
2.	Function or Event Infor	mation					
	Does the agency have a tick	ket policy? Yes	□ No⊠ F	ace Value of	Each Ticket/Pass \$ 45		
	Event Description: Dodgers	Game Tickets		Date(s)04	, 30 , 17	1 1	
		Provide Title/ Expl	anation				
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No 🛛 I	f no: Los Ang	Name of Source		
	Was ticket distribution made	at the behest Yes	ПNoП∣	f yes:	Official's Name (Last, First)		
	of agency official?				Official's Name (Last, First)		
3.	Recipients						
	• Use Section A to identify the agen	cy's department or unit.	• Use Section B to	identify an individ	ual. • Use Section C to identif	fy an outside organization.	
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy	
	Board of Supervisors	2	Ticket Policy Sec 5.3(k)				
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the fol	llowing:	
					nonial Role Other Other or "Other" description of the control of t	Income Income	
					nonial Role Other of "Other" descripting "Ceremonial Role" or "Other" descriptions	Income Income	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pursu	uant to the agency's policy	
₽. 	Verification I have read and understand FP with the requirements.	PC Regulations 1894	4.1 and 18942.	I have verified t	that the distribution set for	th above, is in accordance	
	man Ilm	Nar	cy Herrera		Ticket Administrator	05/12/17	
	Signature of Agency Head or Design		Print Name		Title	(month, day, year)	
	Comment:						